BEST AVAILABLE COPY

	<b>DETERMINATION</b>	

Effective December 29, 1999

Applicat	on o	r Docket	Number
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09519642

Ellective December 29, 1999							Y	<u> </u>	109		
(Column 1) (Column 2)				SMAI TYP		NTITY	OR	OTHER SMALL I			
FC	PR	NUMBE	R FILED	NUMBER I	EXTRA	RATI		FEE		RATE	FEE
ВА	SIC FEE							345.00	OR	为法	690.00
то	TAL CLAIMS	63	minus 2	20= - (	3	X\$ 9	=		OR	X\$18=	M4
IND	EPENDENT CL	AIMS / C	minus :	3 =   *		X39:	-				858
MU	LTIPLE DEPEN	DENT CLAIM PF	RESENT			+130= OR +260=				260	
* If the difference in column 1 is less than zero, enter "0" in column 2					TOTA	L L		OR	TOTAL	2582	
	CI	LAIMS AS A (Column 1)	MENDED	(Column 2)	(Column 3)					OTHER THAN	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATI		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**	=	X\$ 9	=		OR	X\$18=	
AME	Independent	*	Minus	***	=	X39=			OR	X78=	
Ì	FIRST PRESE	NIAHON OF MU	JLI IPLE DEF	PENDENT CLAIM		+130	=		OR	+260=	
					•	TO			OR	TOTAL ADDIT. FEE	
	ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE										
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATI		ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	<b>*</b>	Minus	**	=	X\$ 9	= ]		OR	X\$18=	
AME	Independent	NITATION OF M	Minus	PENDENT CLAIM	=	X39=			OR	X78=	
H	TINOT PRESE		JETH CE DEF	· ·		+130	=		OR	+260=	
						TOT ADDIT. F			OR	TOTAL ADDIT. FEE	
Ŀ		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
NOW.	Total	•	Minus	**	=	X\$ 9	= ⋅ [		OR	X\$18=	
ME	Independent	•	Minus	***	=	X39=			OR	X78=	
Ľ	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT CLAIM		<del> </del>	-				
	18 Mars		o onterio sale	mm O waita 40° in aa	duma 2	+130			OR	+260=	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09519642

## Total Fee Calculation

,						
	Fee Code	Total # Claims	Number Extra X	Fec	Fec =	<b>*</b>
	Sm./Lg.			Sm. Entity	Lg. Entity	Total
Basic Filing Fee	201/101	12			690.	
Total Claims >20	203/103	62 .20 -	43 x =		1114	
Independent Claims >3	202/102	14 .3 -	<u></u>		858=	
Mult. Dep Claim Present	204/104			-	260.	
Surcharge	205/105			-	130=	
English Traditation	139					
TOTAL FEE CALCULA	TION				•	
Fees due upon filing th	ne application:					
Total Filing Fees Due	= \$	27/2	.00			
Less Filing Fees Subm.	ined - \$	0				
BALANGE DUE	= \$	2712	CV			
Bel	man		_			-
Office of Kaitial Patent I	Examination			-	-	